



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
|--------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                 | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                |                                               |                       |                                                                                                                    |  |
| Date :                                                       |                          | Step #:                                                                                                                                                                            |                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                          |                                                                                                                                                                                    |                                                 | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                               |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
| Root Cause                                                   |                          | FAULT CATEGORY                                                                                                                                                                     |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |

**Work Order ID 163489**

Tuesday, June 27, 2017 1:22:45 PM

**\*163489\***

Page 2

Item ID: D350-567-115

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Replacement Interior Window

Start Date: 6/27/2017 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 7/6/2017 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty     | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|-------------------|------------------|----------------|
| 120                            | QC4- 100% Inspect kits for completeness                                    | 0.00                 |         |        |              | 4             | DAS<br>28<br>9-89 | AUG 08 2017      |                |
| <b>*120*</b>                   |                                                                            |                      |         |        |              |               |                   |                  |                |
| QC                             | Memo                                                                       | 0.12                 |         |        |              |               |                   |                  |                |
| Quality Control                |                                                                            |                      |         |        |              |               |                   |                  |                |
| 130                            | Identify as per dwg & Stock Location: _____                                | 0.00                 |         |        |              | 4             | DAS<br>28<br>9-89 | AUG 08 2017      |                |
| <b>*130*</b>                   | Packaging                                                                  |                      |         |        |              |               |                   |                  |                |
| Packaging                      | Memo                                                                       | 0.00                 |         |        |              |               |                   |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP 16350-567-115<br>Location: FG032 |                      |         |        |              |               |                   |                  |                |
|                                | PPP163325                                                                  |                      |         |        |              |               |                   |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release                                | 0.00                 |         |        |              |               |                   |                  |                |
| <b>*140*</b>                   |                                                                            |                      |         |        |              |               |                   |                  |                |
| QC                             | Memo                                                                       | 0.40                 |         |        |              |               |                   |                  |                |
| Quality Control                |                                                                            |                      |         |        |              |               |                   |                  |                |

17/8/10

AUG 08 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |

# Picklist Print

Tuesday, June 27, 2017 1:22:47 PM

Page 1

Work Order ID: 163489

\*163489\*

Parent Item: D350-567-115

\*D350-567-115\*

Parent Item Name: Replacement Interior Window

Start Date: 6/27/2017

Required Date: 7/6/2017

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A New Issue 04-08-24 JLM  
IPP Rev:B CHG#2 ECN 1055 07-11-21 DD verified by:EC  
IPP Rev:C 08-10-07 as per revD DD verified by: IPP REV:D  
13.10.15 AS PER IIN REV.E DD VERF:JLM

| Component Item ID/<br>Item Name             | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty    | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|-----------------|---------------|----------------|--------|
| AN3-4A<br>*AN3-4A*<br>Bolt                  |                        | Purchased     | No          |                     |                  | 110             | Each               | 236.0000       | 4<br>**     | 16              |               |                |        |
|                                             |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                             |                        |               |             | ST350               |                  |                 |                    | 236            |             |                 |               |                |        |
|                                             |                        |               |             | m137478             |                  |                 |                    | 236            |             |                 |               |                |        |
| AN526C632R12<br>*AN526C632R12*<br>Screw     |                        | Purchased     | No          |                     |                  | 110             | Each               | 204.0000       | 9<br>**     | 36              |               |                |        |
|                                             |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                             |                        |               |             | ST327               |                  |                 |                    | 204            |             |                 |               |                |        |
|                                             |                        |               |             | m135766             |                  |                 |                    | 4              |             |                 |               |                |        |
|                                             |                        |               |             | m136741             |                  |                 |                    | 100            |             |                 |               |                |        |
|                                             |                        |               |             | m137851             |                  |                 |                    | 100            |             |                 |               |                |        |
| D2463<br>*D2463*<br>1/2" Seal (\$ per.foot) |                        | Manufactured  | No          |                     |                  | 110             | f                  | 637.7218       | 4.41<br>**  | 17.64           |               |                |        |
|                                             |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                             |                        |               |             | ST409               |                  |                 |                    | 637.7218272    |             |                 |               |                |        |
|                                             |                        |               |             | 140013              |                  |                 |                    | 3.9081E-05     |             |                 |               |                |        |
|                                             |                        |               |             | 148875              |                  |                 |                    | 137.721788     |             |                 |               |                |        |
|                                             |                        |               |             | 160119              |                  |                 |                    | 500            |             |                 |               |                |        |

1X (d2463-0530 AS PER DWG) CUT TO 53.00"

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (Q51042) Approval             |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Défect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |

# Picklist Print

Tuesday, June 27, 2017 1:22:47 PM

Page 2

Work Order ID: 163489

\*163489\*

Parent Item: D350-567-115

\*D350-567-115\*

Parent Item Name: Replacement Interior Window

Start Date: 6/27/2017

Required Date: 7/6/2017

Start Qty: 4.00

Required Qty: 4.00

D3293-1

Manufactured No

110

Each

11.0000

1  
\*\*

4

\*D3293-1\*

Doubler For Interior Window For -111

DAS  
28  
9-89

## Location

## Loc Qty

## Loc Code

ST435

11

155574

7

161751

4

D3294-1

Manufactured No

110

Each

7.0000

1  
\*\*

4

\*D3294-1\*

Bracket For Interior Window For -115

DAS  
28  
9-89

## Location

## Loc Qty

## Loc Code

ST435

7

155510

7

D3295-041

Manufactured No

110

Each

5.0000

1  
\*\*

4

\*D3295-041\*

Replacement Interior Window for -111

DAS  
28  
9-89

## Location

## Loc Qty

## Loc Code

ST436

5

155593

1

156279

2

156844

2

D3296-041

Manufactured No

110

Each

4.0000

1  
\*\*

4

\*D3296-041\*

Replacement Interior Door For -111

DAS  
28  
9-89

## Location

## Loc Qty

## Loc Code

ST436

4

155526

1

158115

3

1  
\*\*

4

2XB 159779

JUL 13 2017

DAS  
6  
27  
9-89

DAS  
6  
27  
9-89

DAS  
6  
27  
9-89

DAS  
6  
27  
9-89

Tuesday, June 27, 2017 1:22:48 PM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |



# Picklist Print

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Work Order ID: 163489

**\*163489\***

Parent Item: D350-567-115

**\*D350-567-115\***

Parent Item Name: Replacement Interior Window

Start Date: 6/27/2017

Required Date: 7/6/2017

Start Qty: 4.00

Required Qty: 4.00

D5420-1 Manufactured No 110 Each

6.0000 1 4

**\*D5420-1\***

Doubler Plate

DAS  
28  
9-89

Location

Loc Qty

Loc Code

ST168

6

151543

6

JUL 24 2017

JUL 13 2017

DAS  
6  
9-89

DAS  
27  
9-89

DT8439 Manufactured Yes 110 Each

0.0000 1 4

**\*DT8439\***

TEMPLATE

DAS  
28  
9-89

MS20426AD3-5

Purchased No 110 Each

3,166.000 8 32

**\*MS20426AD3-5\***

Rivet

DAS  
28  
9-89

Location

Loc Qty

Loc Code

GA

2224

4533

2224

ST312

942

4533

942

MS20470AD4-5 Purchased No 110 Each

1,601.000 2 8

**\*MS20470AD4-5\***

RIVET, UNIVERSAL HEAD

DAS  
28  
9-89

Location

Loc Qty

Loc Code

GA

821

m136851

821

ST310

780

m136851

780

\*\* 1

\*\* 8

\*\* 2

2

32

8

JUL 13 2017

DAS  
6  
9-89

DAS  
27  
9-89

JUL 13 2017

DAS  
6  
9-89

DAS  
27  
9-89

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Shop Packet Print

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QS1042) Approval             |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |

# Picklist Print

Tuesday, June 27, 2017 1:22:48 PM

Work Order ID: 163489

\*163489\*

Parent Item: D350-567-115

\*D350-567-115\*

Parent Item Name: Replacement Interior Window

Start Date: 6/27/2017

Required Date: 7/6/2017

Start Qty: 4.00

Required Qty: 4.00

MS20470AD4-6

Purchased

No

110

Each

2,871.000

115

460

\*MS20470AD4-6\*

Rivet, Universal Head

DAS  
28  
9-89

Location

Loc Qty

Loc Code

CCK004

1566

m137851

1566

GA

307

m133077

307

ST310

998

m136787

998

\*\*

JUL 13 2017

DAS  
6  
9-89

DAS  
27  
9-89

MS20470AD4-7

Purchased

No

110

Each

1,561.000

15

60

\*MS20470AD4-7\*

Rivet, Universal Head

DAS  
28  
9-89

Location

Loc Qty

Loc Code

CCK004

425.604

m134630

425.604

LG001

1.396

m134630

1.396

ST310

1134

m134376

1134

\*\*

JUL 13 2017

DAS  
6  
9-89

DAS  
27  
9-89

MS21042L06

Purchased

No

110

Each

246.0000

9

36

\*MS21042L06\*

Nut

DAS  
28  
9-89

Location

Loc Qty

Loc Code

ST303

246

m137320

46

m137391

100

m137851

100

\*\*

JUL 13 2017

DAS  
6  
9-89

DAS  
27  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |

# Picklist Print

Tuesday, June 27, 2017 1:22:48 PM

Work Order ID: 163489

**\*163489\***

Parent Item: D350-567-115

**\*D350-567-115\***

Parent Item Name: Replacement Interior Window

Start Date: 6/27/2017

Required Date: 7/6/2017

Start Qty: 4.00

Required Qty: 4.00

MS21062L3

Purchased

No

110

Each

43.0000

16

DAS  
6  
9-89

**\*MS21062L3\***

Nut Plate

DAS  
28  
9-89

Location

Loc Qty

Loc Code

ST300

43

m136983

28

m137851

15

110

Each

208.0000

36

DAS  
6  
9-89

NAS1149DN632J

Purchased

No

**\*NAS1149DN632J\***

Washer

DAS  
28  
9-89

Location

Loc Qty

Loc Code

ST265

208

m134370

208

34

DAS  
27  
9-89

JUL 13 2017

DAS  
27  
9-89

JUL 13 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
|--------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                 | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                |                                               |                       |                                                                                                                    |  |
| Date : _____                                                 |                          | Step # : _____                                                                                                                                                                     |                                                 | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                               | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                          |                                                                                                                                                                                    |                                                 | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                               |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
| Root Cause                                                   |                          | FAULT CATEGORY                                                                                                                                                                     |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                               |                       |                                                                                                                    |  |

**DART SERVICE INSTRUCTION**

TO AMEND INSTALLATION INSTRUCTIONS D350-567 REV. E  
AND INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D350-567 REV. 2  
REF. TCCA STC: SH92-18  
REF. FAA STC: SH989NE AND SH990NE  
REF. EASA STC: EASA.IM.R.S.01560 AND EASA.IM.R.S.01561

**PURPOSE:**

To provide a new location for the cabin fire extinguisher for aircraft equipped with P/N 19810-02-00 (SICMA-198 Seat). For further information on SICMA-198 Seats refer to Airbus CMM 25-12-31.

**CHANGE:**

For aircraft equipped with P/N 19810-02-00 (SICMA-198 Seat) add section 3.2.3, amend section 5.0 Parts List (ICA Section 25.7) and amend section 4.0 Weight and Balance (ICA Section 25.5) of Vertical Reference Window Installation Instructions D350-567 Rev. E (ICA D350-567 Rev. 2) as follows:

- (ADD) 3.2.3** This installation will require access to the under floor structure in the area aft of the pilot's collective stick. To access the under floor structure remove the applicable belly panel in accordance with the applicable Aircraft Maintenance Manual.

Remove and retain the cabin fire extinguisher P/N 1708337 B4 and Fire Extinguisher Support P/N 350A77 0131 40 from existing location. Per Figure 1, select the desired location for the fire extinguisher at either the "Primary" location or "Alternate" location.

Locate the D5420-1 Doubler Plate at the selected location per Figure 1 and transfer mark the holes from the D5420-1 Doubler Plate to the aircraft floor. Drill the nutplate hole pattern shown in Detail A. Touch up the drilled floor surface finish with chemical film (Alodine 1200/1201) per MIL-C-5541 and one coat of MIL-P-85582 or MIL-P-23377 primer.

Locate the D5420-1 Doubler Plate under the floor and install using qty (4) MS21062L3 nutplates and qty (8) MS20426AD3-5 Rivets (rivets fasten through floor and doubler). Locate the Fire Extinguisher Support P/N 350A77 0131 40 over the drilled holes and fasten it to the qty (4) MS21062L3 nutplates using qty (4) AN3-3A Bolts. Torque bolts 20-25 in-lbs (2.3-2.8 N-m). Reinstall the P/N 1708337 Fire Extinguisher per the Aircraft Maintenance Manual.

Reinstall the belly panel per the applicable Aircraft Maintenance Manual.

**CHANGE:**

Amend Section 25.6 Equipment relocation of ICA D350-567 Rev. 2 as follows:

**25.6 EQUIPMENT RELOCATION**

- (IS)** As part of the D350-567 kit installation, the aircraft data plate may have been relocated beneath the RH pilot's seat and the fire extinguisher may have been relocated to the LH side of the pilot's seat per Eurocopter Service Bulletin 25.00.59. See also Dart Drawing D350-567.

Depending on the Aircraft's seating configuration the fire extinguisher may have to be relocated to the LH side of the pilot's seat per Eurocopter Service Bulletin 25.00.59, or relocated to the cabin floor per Dart DSI 9745. See also Dart Drawing D350-567.

- (WAS)** As part of the D350-567 kit installation, the aircraft data plate may have been relocated beneath the RH pilot's seat and the fire extinguisher may have been relocated to the LH side of the pilot's seat per Eurocopter Service Bulletin 25.00.59. See also Dart Drawing D350-567.

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED  
BY:   
D. SHEPHERD (DE # 02)  
DATE: 16.04.06  
CERT. NO.: SH92-18  
ISSUE NO.: 6

|            |                                                                                     |                                                                                                                                                                                                                                                                          |              |
|------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A          | NEW ISSUE (SEE PAR 16-510)                                                          | AJS                                                                                                                                                                                                                                                                      | 16.04.06     |
| REV.       | DESCRIPTION                                                                         | BY                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN     | AJS                                                                                 | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                |              |
| DRAWN      | AJS                                                                                 | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                              |              |
| CHECKED    |  | DRAWING NO.                                                                                                                                                                                                                                                              | REV. A       |
| MFG. APPR. | N/A                                                                                 | DSI 9745                                                                                                                                                                                                                                                                 | SHEET 1 OF 3 |
| APPROVED   |  | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   |  | ALTERNATE FIRE EX LOCATION                                                                                                                                                                                                                                               | NTS          |
| DATE       | 16.04.06                                                                            | COPYRIGHT © 2016 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |

**EDIT 5.0/25.7 PARTS LIST:**

For customers with kits D350-567-013/-015/-017/-023/-025/-027/-117 @ CHG002 and earlier,  
Customers with kits D350-567-111 @ CHG006 and earlier,  
Customers with kits D350-567-115 @ CHG004 and earlier,  
Customers with kits D350-567-031/-031B/-111B/-115B @ CHG001 and earlier,  
Procure kit DSI 9745-011

| Item | Qty<br>-011 | Part Number  | Description                      |
|------|-------------|--------------|----------------------------------|
|      | X           | DSI 9745-011 | FIRE EXTINGUISHER RELOCATION KIT |
| 1    | 1           | D5420-1      | DOUBLER PLATE                    |
| 2    | 4           | AN3-4A       | HEX HEAD BOLT                    |
| 3    | 8           | MS20426AD3-5 | CSK RIVET                        |
| 4    | 4           | MS21062L3    | NUTPLATE                         |

For customers with kits D350-567-013/-015/-017/-023/-025/-117 @ CHG003 and later,  
Customers with kits D350-567-111 @ CHG007 and later,  
Customers with kits D350-567-115 @ CHG005 and later,  
Customers with kits D350-567-031/-031B/-111B/-115B @ CHG002 and later,  
Refer to Installation Instructions D350-567 and ICA-D350-567 and update the parts list as follows:

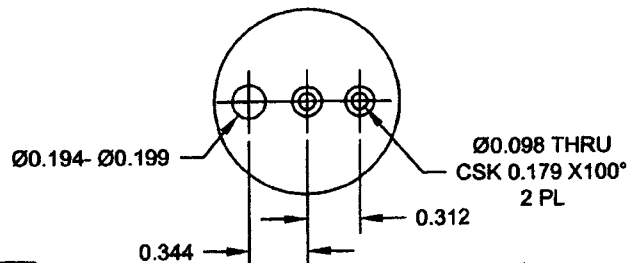
**EDIT 5.0 ADD:**

| Qty<br>-013 | Qty<br>-023 | Qty<br>-113 | Qty<br>-115 | Qty<br>-031 | Part Number  | Description                                            |
|-------------|-------------|-------------|-------------|-------------|--------------|--------------------------------------------------------|
| X           |             |             |             |             | D350-567-013 | REPLACEMENT WINDOW KIT (SMALL)                         |
|             | X           |             |             |             | D350-567-023 | REPLACEMENT WINDOW KIT (LARGE)                         |
|             |             | X           |             |             | D350-567-113 | REPLACEMENT WINDOW KIT (EXTRA LARGE)                   |
|             |             |             | X           |             | D350-567-115 | INTERIOR FLOOR WINDOW KIT                              |
|             |             |             |             | X           | D350-567-031 | INTERIOR FLOOR WINDOW KIT<br>(SLIDING DOOR COMPATABLE) |
|             |             |             | 1           | 1           | D5420-1      | DOUBLER PLATE                                          |
|             |             |             | 4           | 4           | AN3-4A       | HEX HEAD BOLT                                          |
|             |             |             | 8           | 8           | MS20426AD3-5 | CSK RIVET                                              |
|             |             |             | 4           | 4           | MS21062L3    | NUTPLATE                                               |

**EDIT 4.0/25.5 WEIGHT AND BALANCE:**

\*Note: Does not include fire extinguisher weight

| Installation                      | Weight  | LATERAL |            | LONGITUDINAL |           |
|-----------------------------------|---------|---------|------------|--------------|-----------|
|                                   |         | Arm     | Moment     | Arm          | Moment    |
| DSI 9745-011 (Primary Location)   | 0.1 lb  | +1.6 in | +16 in lb  | 72.2 in      | 7.2 in lb |
| Fire Extinguisher Relocation Kit  | 0.05 kg | +0.04 m | +0.02 m kg | 1.83 m       | 0.1 m kg  |
| DSI 9745-011 (Alternate location) | 0.1 lb  | -4.4 in | -44 in lb  | 65.4 in      | 6.5 in lb |
| Fire Extinguisher Relocation Kit  | 0.05 kg | -0.11 m | -0.01 m kg | 1.66 m       | 0.1 m kg  |

**DETAIL A**

(NUT PLATE HOLE PATTERN)

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

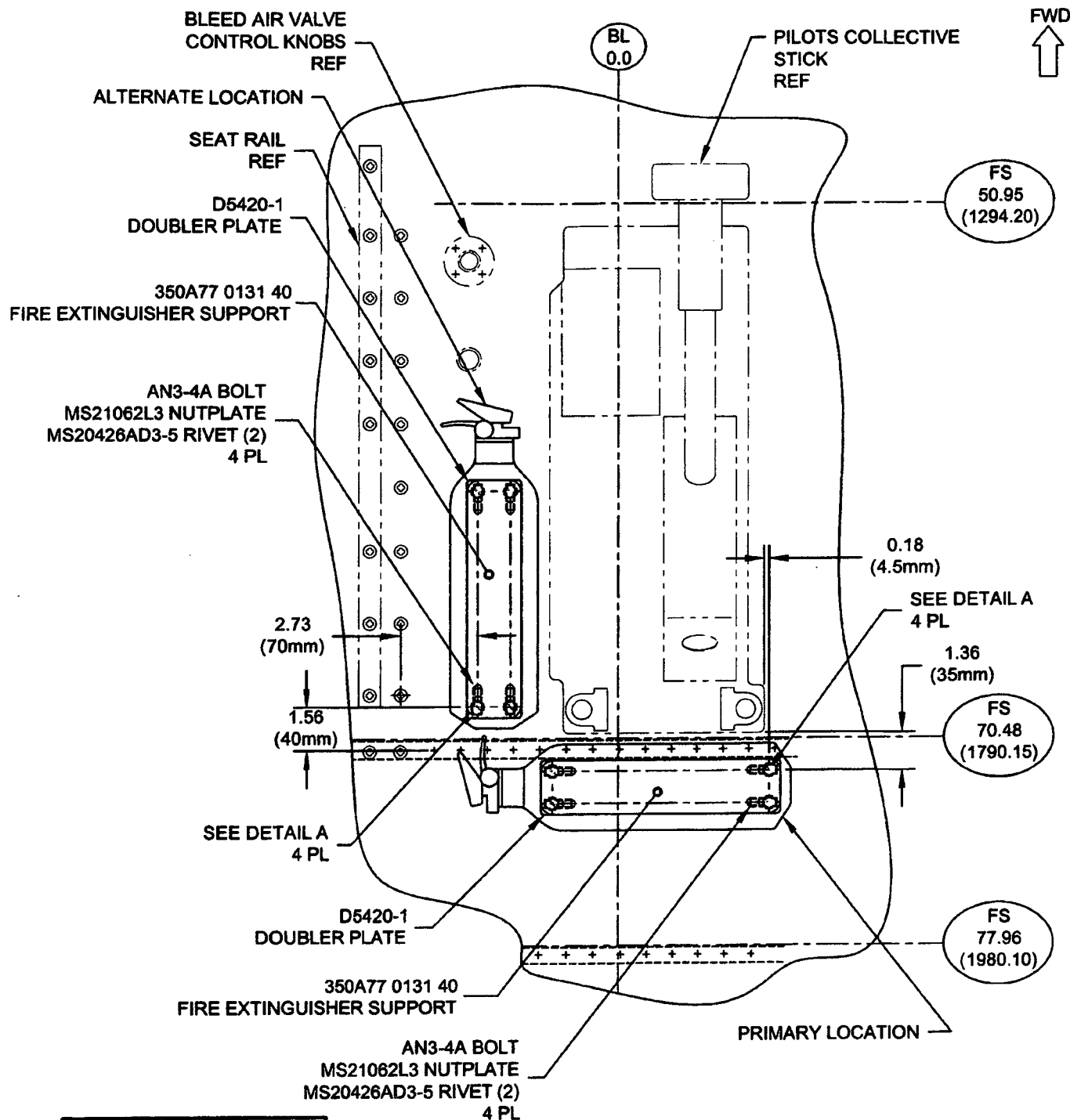
**APPROVED**

BY: *[Signature]*  
D. SHEPHERD (DE # 02)

DATE: 16.04.06  
CERT. NO.: SH92-18  
ISSUE NO.: 6

|            |                    |                                                                                                                                                                                                                                                                          |
|------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESIGN     | AJS                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                 |
| DRAWN      | AJS                |                                                                                                                                                                                                                                                                          |
| CHECKED    | <i>[Signature]</i> | DRAWING NO. REV. A                                                                                                                                                                                                                                                       |
| MFG. APPR. | N/A                | DSI 9745 SHEET 2 OF 3                                                                                                                                                                                                                                                    |
| APPROVED   | <i>[Signature]</i> | TITLE SCALE                                                                                                                                                                                                                                                              |
| DE APPR.   | <i>[Signature]</i> | ALTERNATE FIRE EX LOCATION NTS                                                                                                                                                                                                                                           |
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**FIGURE 1**

CANADA  
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BRANCH  
DAO # 01-O-01

APPROVED  
BY: *[Signature]*  
D. SHEPHERD (DE # 02)

DATE: 16.04.06  
CERT. NO.: SH92-18  
ISSUE NO.: 6

|                                                                                                                                                                                                                                |                                                                                     |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                         | AJS                                                                                 | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                          | AJS                                                                                 | <b>HAWKESBURY, ONTARIO, CANADA</b>     |              |
| CHECKED                                                                                                                                                                                                                        |  | DRAWING NO.                            | REV. A       |
| MFG. APPR.                                                                                                                                                                                                                     | N/A                                                                                 | DSI 9745                               | SHEET 3 OF 3 |
| APPROVED                                                                                                                                                                                                                       |  | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       |  | ALTERNATE FIRE EX LOCATION             | NTS          |
| DATE                                                                                                                                                                                                                           | 16.04.06                                                                            | COPYRIGHT © 2016 BY DART AEROSPACE LTD |              |
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# Work Order ID 163489

\*163489\*

Tuesday, June 27, 2017 1:22:45 PM

Page 1

Item ID: D350-567-115

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Replacement Interior Window

Start Date: 6/27/2017 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 7/6/2017 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: JUN 28 2017

Tooling:

Date:

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date:

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr     | Revision Nbr |
|--------------|--------------|
| DSI9745-011  | A            |
| IIN-D350-567 | E            |

White

6

Label

JUL 12 2017

DAS  
21  
9-51

JUL 13 2017

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Document Control

0.00

\*100\*

DC

Doc.Control -USB or Paperwork

Memo

0.00

Photocopy bluefile and create labels per PPP D350-567-115 CHG005

110

Pick Kit

0.00

\*110\*

Packaging

Memo

0.00

Packaging

## 5.0 PARTS LIST

| Qty<br>-015 | Qty<br>-017 | Qty<br>-025 | Qty<br>-027 | Qty<br>-111 | Qty<br>-117 | Part Number  | Description                                            |
|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------------------------------------------------|
| X           |             |             |             |             |             | D350-567-015 | FLOOR WINDOW INSTALLATION (SMALL)                      |
|             | X           |             |             |             |             | D350-567-017 | FLOOR WINDOW INSTALLATION (SMALL)                      |
|             |             | X           |             |             |             | D350-567-025 | FLOOR WINDOW INSTALLATION (LARGE)                      |
|             |             |             | X           |             |             | D350-567-027 | FLOOR WINDOW INSTALLATION (LARGE)                      |
|             |             |             |             | X           |             | D350-567-111 | FLOOR WINDOW INSTALLATION (EXTRA LARGE)                |
|             |             |             |             |             | X           | D350-567-117 | FLOOR WINDOW INSTALLATION (EXTRA LARGE)                |
| 1           | 1           |             |             |             |             | D350-567-013 | REPLACEMENT WINDOW KIT (SMALL)                         |
|             |             | 1           | 1           |             |             | D350-567-023 | REPLACEMENT WINDOW KIT (LARGE)                         |
|             |             |             |             | 1           | 1           | D350-567-113 | REPLACEMENT WINDOW KIT (EXTRA LARGE)                   |
|             | 1           |             | 1           |             |             | D350-567-115 | INTERIOR FLOOR WINDOW KIT                              |
| 1           |             | 1           |             |             | 1           | D350-567-031 | INTERIOR FLOOR WINDOW KIT<br>(SLIDING DOOR COMPATABLE) |

| Qty<br>-013 | Qty<br>-023 | Qty<br>-113 | Qty<br>-115 | Qty<br>-031 | Part Number  | Description                                            |
|-------------|-------------|-------------|-------------|-------------|--------------|--------------------------------------------------------|
| X           |             |             |             |             | D350-567-013 | REPLACEMENT WINDOW KIT (SMALL)                         |
|             | X           |             |             |             | D350-567-023 | REPLACEMENT WINDOW KIT (LARGE)                         |
|             |             | X           |             |             | D350-567-113 | REPLACEMENT WINDOW KIT (EXTRA LARGE)                   |
|             |             |             | X           |             | D350-567-115 | INTERIOR FLOOR WINDOW KIT                              |
|             |             |             |             | X           | D350-567-031 | INTERIOR FLOOR WINDOW KIT<br>(SLIDING DOOR COMPATABLE) |
| 1           |             |             |             |             | D2125        | REPLACEMENT WINDOW, SMALL                              |
|             | 1           |             |             |             | D2942        | REPLACEMENT WINDOW, LARGE                              |
|             |             | 1           |             |             | D3290-041    | REPLACEMENT WINDOW ASSEMBLY, EXTRA LARGE               |
| 1           |             |             |             |             | D2126-0600   | SEAL                                                   |
|             | 1           |             |             |             | D2463-0750   | NEOPRENE SEAL                                          |
|             |             | 1           |             |             | D2463-0860   | NEOPRENE SEAL                                          |
|             | 9           | 12          |             |             | 2600-6       | 1/4 TURN FASTENER                                      |
|             | 9           | 12          |             |             | 2600-LW      | WASHER                                                 |
|             | 9           | 12          |             |             | 212-12       | RECEPTACLE                                             |
|             | 22          | 21          |             |             | AN526C832R9  | SCREW (OR AN526C832-9, OR MS51957-126)                 |
|             | 44          | 42          |             |             | AN960JD8     | WASHER                                                 |
|             | 22          | 21          |             |             | MS21042L08   | NUT (OR MS21042-08)                                    |
|             | 18          | 24          |             |             | MS20426AD3-5 | RIVET                                                  |
| 2 SQ.<br>YD | 2 SQ.<br>YD | 2 SQ.<br>YD |             |             | N/A          | 9.7oz 7781 'S' GLASS UNIVERSAL WEAVE                   |
|             |             |             |             | 1           | D2463-0450   | NEOPRENE SEAL                                          |
|             |             |             |             | 1           | D3210-1      | DOUBLER                                                |
|             |             |             |             | 1           | D3211-1      | BRACKET                                                |
|             |             |             |             | 1           | D3212-1      | FLOOR WINDOW                                           |
|             |             |             |             | 1           | D3213-041    | DOOR ASSEMBLY                                          |
|             |             |             | 1           |             | D3293-1      | DOUBLER                                                |
|             |             |             | 1           |             | D3294-1      | BRACKET                                                |
|             |             |             | 1           |             | D3295-041    | FLOOR WINDOW                                           |
|             |             |             | 1           |             | D3296-041    | DOOR ASSEMBLY                                          |
|             |             |             | 1           |             | D2463-0530   | NEOPRENE SEAL                                          |
|             |             | 9           | 8           |             | AN526C632R12 | SCREW (OR AN526C632-12, OR MS51957-32)                 |
|             |             | 9           | 8           |             | AN960JD6     | WASHER                                                 |
|             |             | 9           | 8           |             | MS21042L06   | NUT (OR MS21042-06)                                    |
|             |             | 2           | 40          |             | MS20470AD4-5 | RIVET                                                  |
|             |             | 115         | 90          |             | MS20470AD4-6 | RIVET                                                  |
|             |             | 15          | 20          |             | MS20470AD4-7 | RIVET                                                  |

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Revision: E

Date: 13.08.15

**REFERENCE ONLY**

**EDIT 5.0/25.7 PARTS LIST:**

For customers with kits D350-567-013/-015/-017/-023/-025/-027/-117 @ CHG002 and earlier,  
 Customers with kits D350-567-111 @ CHG006 and earlier,  
 Customers with kits D350-567-115 @ CHG004 and earlier,  
 Customers with kits D350-567-031/-031B/-111B/-115B @ CHG001 and earlier,  
 Procure kit DSI 9745-011

| Item | Qty<br>-011 | Part Number  | Description                      |
|------|-------------|--------------|----------------------------------|
|      | X           | DSI 9745-011 | FIRE EXTINGUISHER RELOCATION KIT |
| 1    | 1           | D5420-1      | DOUBLER PLATE                    |
| 2    | 4           | AN3-4A       | HEX HEAD BOLT                    |
| 3    | 8           | MS20428AD3-5 | CSK RIVET                        |
| 4    | 4           | MS21062L3    | NUTPLATE                         |

For customers with kits D350-567-013/-015/-017/-023/-025/117 @ CHG003 and later,  
 Customers with kits D350-567-111 @ CHG007 and later,  
 Customers with kits D350-567-115 @ CHG005 and later,  
 Customers with kits D350-567-031/-031B/-111B/-115B @ CHG002 and later,  
 Refer to Installation Instructions D350-567 and ICA-D350-567 and update the parts list as follows:

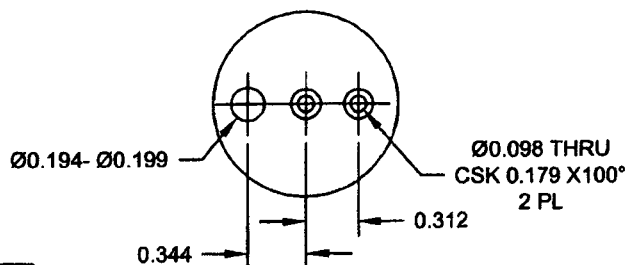
**EDIT 5.0 ADD:**

| Qty<br>-013 | Qty<br>-023 | Qty<br>-113 | Qty<br>-115 | Qty<br>-031 | Part Number  | Description                                            |
|-------------|-------------|-------------|-------------|-------------|--------------|--------------------------------------------------------|
| X           |             |             |             |             | D350-567-013 | REPLACEMENT WINDOW KIT (SMALL)                         |
|             | X           |             |             |             | D350-567-023 | REPLACEMENT WINDOW KIT (LARGE)                         |
|             |             | X           |             |             | D350-567-113 | REPLACEMENT WINDOW KIT (EXTRA LARGE)                   |
|             |             |             | X           |             | D350-567-115 | INTERIOR FLOOR WINDOW KIT                              |
|             |             |             |             | X           | D350-567-031 | INTERIOR FLOOR WINDOW KIT<br>(SLIDING DOOR COMPATABLE) |
|             |             |             | 1           | 1           | D5420-1      | DOUBLER PLATE                                          |
|             |             |             | 4           | 4           | AN3-4A       | HEX HEAD BOLT                                          |
|             |             |             | 8           | 8           | MS20428AD3-5 | CSK RIVET                                              |
|             |             |             | 4           | 4           | MS21062L3    | NUTPLATE                                               |

**EDIT 4.0/25.5 WEIGHT AND BALANCE:**

\*Note: Does not include fire extinguisher weight

| Installation                      | Weight  | LATERAL |            | LONGITUDINAL |           |
|-----------------------------------|---------|---------|------------|--------------|-----------|
|                                   |         | Arm     | Moment     | Arm          | Moment    |
| DSI 9745-011 (Primary Location)   | 0.1 lb  | +1.6 in | +16 in lb  | 72.2 in      | 7.2 in lb |
| Fire Extinguisher Relocation Kit  | 0.05 kg | +0.04 m | +0.02 m kg | 1.83 m       | 0.1 m kg  |
| DSI 9745-011 (Alternate location) | 0.1 lb  | -4.4 in | -44 in lb  | 65.4 in      | 6.5 in lb |
| Fire Extinguisher Relocation Kit  | 0.05 kg | -0.11 m | -0.01 m kg | 1.66 m       | 0.1 m kg  |



**DETAIL A**

(NUT PLATE HOLE PATTERN)

CANADA  
 DEPARTMENT OF TRANSPORT  
 AIRCRAFT CERTIFICATION  
 BRANCH  
 DAO # 01-O-01

**APPROVED**

BY: *[Signature]*  
 D. SHEPHERD (DE # 02)

DATE: 16.04.06  
 CERT. NO.: SH92-18  
 ISSUE NO.: 6

|               |                    |                                                                                                                                                                                                                                                                                         |
|---------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESIGN        | AJS                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                |
| DRAWN         | AJS                |                                                                                                                                                                                                                                                                                         |
| CHECKED       | <i>[Signature]</i> | DRAWING NO. REV. A                                                                                                                                                                                                                                                                      |
| MFG. APPR.    | N/A                | DSI 9745 SHEET 2 OF 3                                                                                                                                                                                                                                                                   |
| APPROVED      | <i>[Signature]</i> | TITLE SCALE                                                                                                                                                                                                                                                                             |
| DE APPR.      | <i>[Signature]</i> | ALTERNATE FIRE EX LOCATION NTS                                                                                                                                                                                                                                                          |
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